

BAC Local 3 NY Buffalo/Jamestown Fund Office Beneficiary Form

1175 William St
Buffalo, NY 14206

Phone: (716) 842-1318

Fax: (716) 842-1347

Carmen O'Neal – Fund Manager
conéal@baclocal3ny.com

Lauren Nichter – Benefits Assistant
lnichter@baclocal3ny.com

(Please print, complete all sections, sign and date)

Participant Name: _____

SSN: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Marital Status: M S D W (Circle One) If divorced, proof must be provided.

Spouse Name: _____

Spouse SSN: _____ Spouse Date of Birth: _____

If you are married, your Pension and 50 % of your Annuity Beneficiary must be your spouse
Additional forms need to be completed to add your spouse as a dependent

Fund	Welfare Beneficiary	Pension Beneficiary	Annuity Beneficiary
Beneficiary Name:			
Beneficiary Address:			
Beneficiary DOB:			
Beneficiary SSN:			
Beneficiary Email:			
Relationship to You:			

Participant Signature: _____ **Date:** _____

If you are making changes to your beneficiary designation(s), this card will replace any previous designation(s).